



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/899,369
Filing Date	July 2, 2001
First Named Inventor	Aziz VALLIANI
Examiner Name	KRAMER, JAMES A
Group Art Unit	3627
Total Number of Pages in This Submission	Attorney Docket No. A-70469/RMA(467766-89)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Check No. 6614 for \$55.00
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	<input checked="" type="checkbox"/> Return receipt postpaid
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	R. Michael Ananian, Reg. No. 35,050 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 650 494 8700	Customer Number 32940
Signature	<i>R. Michael Ananian</i>	
Date	August 5, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

8/5/04

Typed or printed name	Claudia Galik		
Signature	<i>Claudia Galik</i>	Date	August 5, 2004



APPLICATION FEE TRANSMITTAL SHEET

Complete if Known

Application No.	09/899,369
Filing Date	July 2, 2001
First Named Inventor	Aziz VALLIANI
Group Art Unit	3627
Examiner Name	KRAMER, JAMES A
Atty. Docket Number and Title:	A-70469/RMA (467766-89) NETWORK FOR ALLIANCE MARKETING

METHOD OF PAYMENT (Check One)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:
Deposit Account No.: 50-2319
Deposit Account Name: DORSEY & WHITNEY LLP
- ☒ Charge any additional fee required under 37 C.F.R. 1.16 and 1.17
- ☒ Applicant claims small entity status (see 37 C.F.R. 1.27)
2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
114	160	214	80	<input type="checkbox"/> Prov. Filing Fee
101	770	201	385	<input type="checkbox"/> Utility Filing Fee
106	340	206	170	<input type="checkbox"/> Design Filing Fee
108	770	208	385	<input type="checkbox"/> Reissue Filing Fee

Subtotal (1) \$

2. EXTRA CLAIM FEES

	Number Claims	Prior	Extra	Fee from Below*	Fee Paid
Total	-	0	= 0	x	=
Indep.	-	0	= 0	x	=
Multiple Dependent Claims				x	=

Subtotal (2) \$

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	86	202	43	Independent claims in excess of 3
104	290	204	145	Multiple dependent Claim
109	86	209	43	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity

Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee paid
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
105	130	205	65	Surcharge - Late nonprovisional filing fee or oath	
126	180	126	180	Submission of IDS	
531	40	81	40	Recording each patent assignment per property (times number of properties)	
115	110	215	55	Extension for reply within first month	55
116	420	216	210	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1,480	218	740	Extension for reply within fourth month	
123	2,010	230	1005	Extension for reply within fifth month	
143	770	243	385	Submission After Final 1.129	
119	330	219	165	Notice of Appeal	
120	330	220	165	Filing a brief in support of an appeal	
121	290	221	145	Request for oral hearing	
143	110	243	55	Terminal Disclaimer Fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
142	1,380	242	695	Utility/Reissue Issue Fee (including 10 advance copies)	
143	510	243	270	Design Issue Fee (inc. 10 advance copies)	
179	770	279	385	Request for Continued Examination (RCE)	
195	300	195	300	Publication fee for early, voluntary, or normal publication	
196	300	196	300	Publication fee for re-publication	
140	110	240	55	Petition to Revive - unavoidable	
141	1,330	241	665	Petition to Revive - unintentional	

OTHER FEE (specify)

Subtotal (3)

\$55

Total Amount of Payment:

\$55

Submitted by:

Name: R. Michael Ananian

Reg. No.: 35,050

Telephone: (650) 494-8700

Signature:

Date: August 5, 2004

1076769



PATENT

Attorney Docket No. A-70469/RMA
Dorsey File No. 467766-89

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

VALLIANI *et al.*

U.S. Serial No.: 09/899,369

Filing Date: July 2, 2001

For: *NETWORK FOR ALLIANCE
MARKETING*

Examiner: Kramer, James A.

Art Unit: 3627

Confirmation No. 2759

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-1450 on August 5, 2004.

Signed: *Claudia Galik*

Claudia Galik

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 16 2004

GROUP 3600

Sir:

Following is Applicants' response to the Office Action mailed 05 April 2004. The response is accompanied by a Petition for a one-month extension of time and the requisite fee, as well as additional payment for claims added herein not already paid for. A response is due 05 August 2004, making this a timely response. Please amend the application as indicated on the following pages, and consider the remarks herein.

While Applicant believes that no further fees are due at this time, the Commissioner is authorized to charge any fees that may be due as a result of filing this amendment, including additional claims fees not already paid for, or other fees that have not been separately paid, to Deposit Account 50-2319 (Order No. A-70469/RMA (467766-89)).

Amendment to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 9 of this paper.